

**MEDICAID MANAGED CARE ADVISORY
COMMITTEE MEETING
OCTOBER 20, 2020**

Department of Medical Assistance
Services

Virtual Meeting Notice

DMAS is conducting this meeting electronically via Webex due to the declared emergency related to the COVID-19 pandemic.

The slides will be emailed to all participants that registered for this Webex.

Webex has re-designed the features. Please mute your line if you are not speaking.

Committee Members – Roll Call

Name	Agency
Alison Land (Commissioner)	Department of Behavioral Health & Developmental Services
Bill Elwood	Behavioral Health Organizations (rotate) Virginia Coalition for Private Provider Association (2020)
Clark Barrineau	Medical Society of Virginia
David Brown	Department of Health Professions
Debbie Oswalt	Virginia Healthcare Foundation
Doug Gray	Virginia Association of Health Plans
Duke Storen (Commissioner)	Department of Social Services
Gayl Brunk	VA Association of Centers for Independent Living
George Graham	Virginia PACE Alliance

Committee Members – Roll Call

Name	Agency
Gwen Hinzman	Lake Country Area Agency on Aging
Holly Puritz, MD	American College of Obstetricians and Gynecologists
Hunter Jamerson	Virginia Academy of Family Physicians
Jennifer Faison	Virginia Association of Community Services Boards
Kathy Harkey	National Alliance on Mental Illness - VA
Kathy Miller	Virginia Department of Aging and Rehabilitative Services
Kelly Walsh-Hill	Virginia Interagency Coordinating Council
Lanette Walker	Virginia Hospital and Health Care Association
Laura Forlano, DO	Virginia Department of Health
Marcia Tetterton	Virginia Association for Home Care and Hospice
Neal Graham	Virginia Community Healthcare Association

Committee Members – Roll Call

Name	Agency
Raziuddin Ali, MD	Board of Medicaid Assistance Services
Rufus Phillips	Association of Free Clinics
Samuel Bartle, MD	American Academy of Pediatrics
Sara Cariano	Virginia Poverty Law Center
Steve Ford	Virginia Health Care Association – Virginia Center for Assisted Living
Teri Morgan	Virginia Board for People with Disabilities

Questions

Committee members – please type questions into the chat or use the raise hand feature. These questions will be answered by the presenter after each agenda item.

Members of the public – we will take questions from the public at the end of the meeting as time allows. Please hold your questions.

Agenda

- ❑ Director's Welcome
- ❑ Managed Care Programs Update
- ❑ UnitedHealthcare's COVID-19 Support
- ❑ Medicaid Finances
- ❑ Telehealth Policy
- ❑ Public Comment

WELCOME

Karen Kimsey, Director

MEDICAID MANAGED CARE ADVISORY COMMITTEE

MANAGED CARE UPDATE

***Cheryl J. Roberts, J.D.
Deputy Director of
Programs & Operations***

***Tammy J. Whitlock, MSHA
Deputy Director of
Complex Care***



AGENDA

- ❑ Managed Care Programs and Updates
- ❑ Baby Steps Virginia
- ❑ Project Cardinal
- ❑ Civil Monetary Payments and Retainer Payments
- ❑ Personal Protective Equipment
- ❑ Fully Integrated Special Needs Plan

MANAGED CARE PROGRAMS

90% of Medicaid members are now in managed care

Commonwealth Coordinated Care Plus (CCC Plus)

263,199 Members

Medallion 4.0

1,271,032 Members

Covered Groups



- Serving older adults, disabled children, disabled adults, medically complex newly eligible adults; includes individuals with Medicare and Medicaid (full-benefit duals)

- Serving infants, children, pregnant women, caretaker adults, and newly eligible adults

Covered Benefits



- Full continuum of services (same as Medallion), but also includes long-term services and supports (LTSS) in the community and in nursing facilities and hospice

- Births, vaccinations, well child visits, sick visits, acute care, pharmacy, ARTS, behavioral health services, including community mental health rehabilitation services; excludes LTSS

VIRGINIA MANAGED CARE HEALTH PLANS



aetna[®]

Aetna Better Health[®] of Virginia

204,455 {CCCP=39,348/MED4=165,107}



OptimaHealth[®]

F a m i l y C a r e

294,671 {CCCP=43,540/MED4=251,131}



Anthem. HealthKeepers Plus
Offered by HealthKeepers, Inc.

466,456 {CCCP=74,575/MED4=391,881}



UnitedHealthcare[®]
Community Plan

156,152 {CCCP=30,990/MED4=125,162}



Magellan
COMPLETE CARE[®]

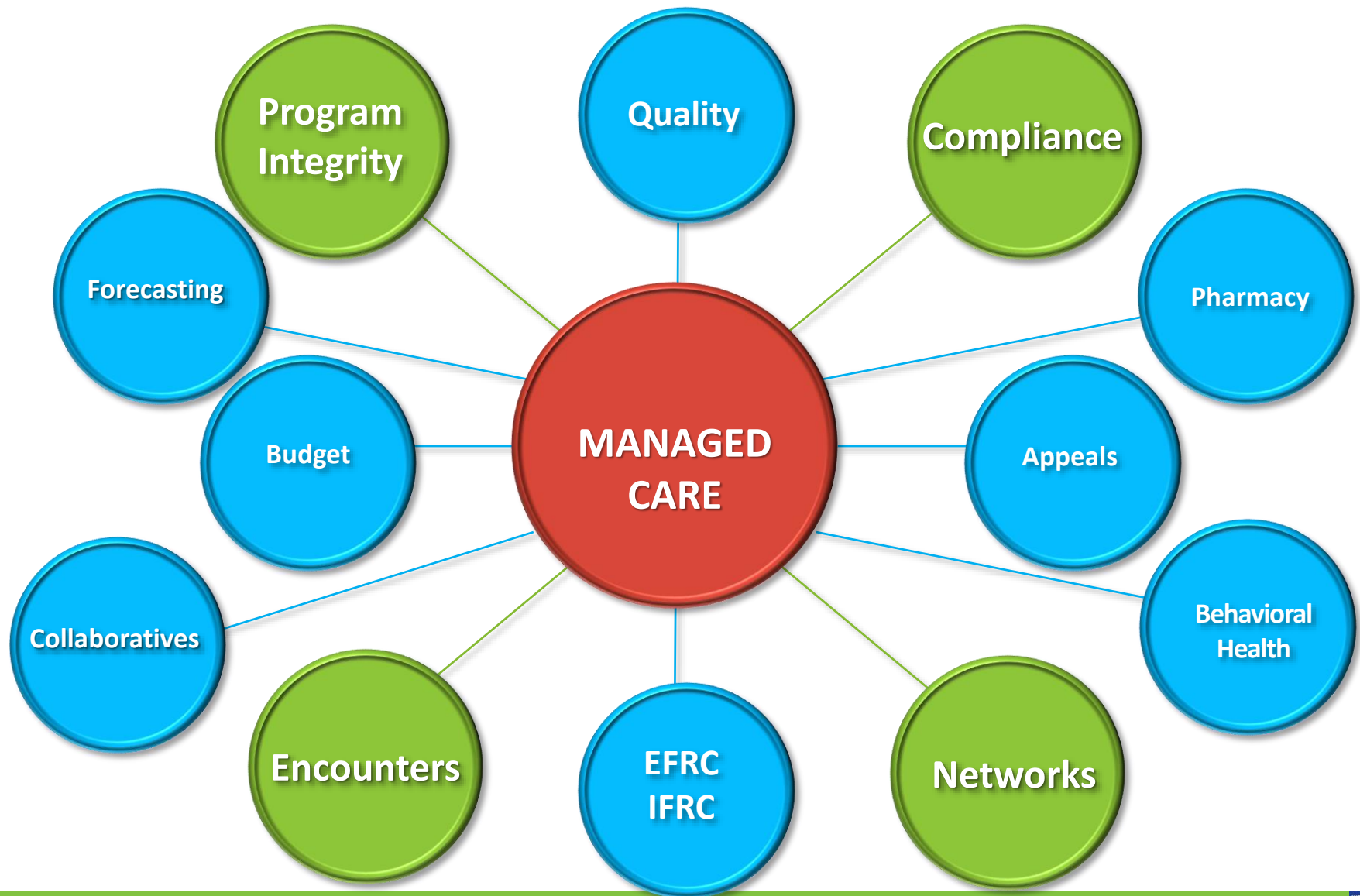
105,193 {CCCP=25,618/MED4=79,575}



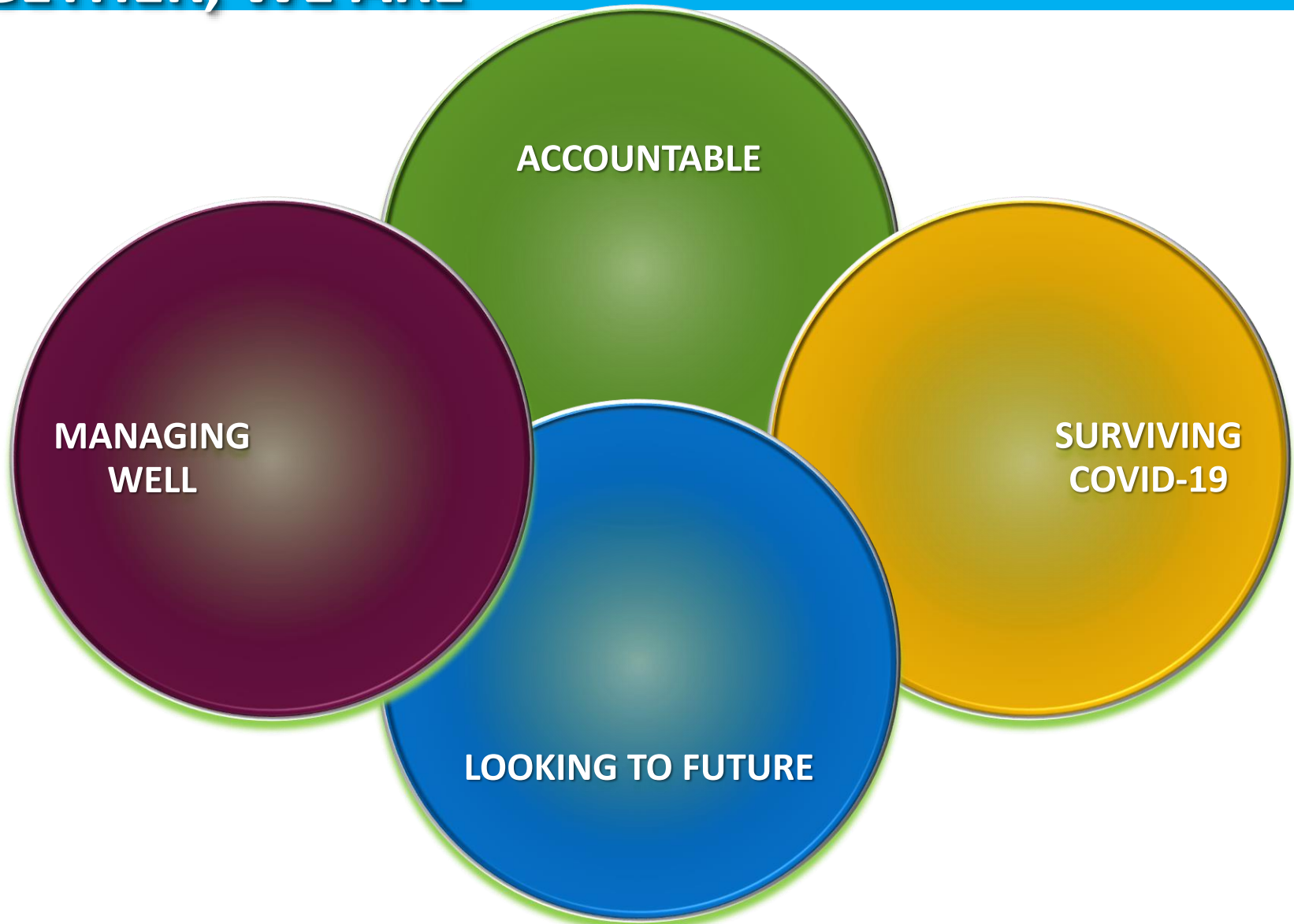
VirginiaPremier[™]
Powered by VCU Health

307,304 {CCCP=49,128/MED4=258,176}

MANAGED CARE PROGRAM COMPONENTS



CCC PLUS AND MEDALLION 4.0: TOGETHER, WE ARE



MCO PROGRAM UPDATES – FALL 2020

- Open Enrollment:

- Begins in November and affects health plans, Cover VA, and members in the Exchange, Medicare, CCC Plus, Expansion
- Plans typically offer new enhanced benefits for comparison charts



www.coverva.org



www.viriniamanagedcare.com



www.cccplusva.com

- Merger Updates:

- Sentara/VA Premier – 80% of VA Premier is now owned by Sentara Health System – they operate as separate organizations
- Molina/Magellan – BOI has approved merger – name changes and operational changes will occur next year

- Readmission and ER Triage:

- Lawsuit against agency has been dismissed
- Both fee-for-service and the MCOs have implemented the operational changes

MCO PROGRAM UPDATES – FALL 2020

- Appeals Process:
 - DeNovo change effective October 15, 2020
 - Process will allow members to bring new documentation to be reviewed up to the date of the appeal hearing
- Increasing Flu Immunizations
 - Partnering with the MCOs to determine their activities around flu vaccines
 - Working with VDH and MCOs on efforts/campaign to increase flu vaccines
- COVID Changes
 - DMAS and plans successfully implemented series of COVID flexibilities and CARES Act initiatives
 - COVID flexibilities in transition
- Directed Payments:
 - Medallion 4.0 directed payments released for primary care providers
- Special Session:
 - Conferee report reignited behavioral health enhancement and adult dental services
- Studies and Program Changes:
 - Continues



BABY STEPS VIRGINIA

DMAS delivers 40% of the births in the Commonwealth
Enhanced Program will support:

- **Eligibility and Enrollment**
- **Outreach and Information**
- **Connections: Provider/Community/Agencies**
- **New and Improved Services and Policies**
- **Oversight: Utilization (increases and decreases) and Evaluation**
- ***Addressing disparities is key in each***

PROJECT CARDINAL

DMAS has been directed by the GA to produce a plan for establishing a combined Medicaid managed care program

Strategic Planning,
Research and
Analysis

Overarching
Programmatic
Changes

Contract Analysis

Waiver Analysis

Regulatory Analysis

Organizational/
Staffing Changes

IT Systems Changes
Analysis

MCO Rate
Development and
Financial Analysis

Analysis of Other
Impacts (Vendors,
Processes, etc.)

Communications &
Stakeholder
Engagement Plan

APPROPRIATIONS ACT LANGUAGE

HB 30 (Chapter 1289) Item 313.E.8: “The Department of Medical Assistance Services shall develop a plan to merge the Commonwealth Coordinated Care Plus and Medallion 4.0 programs. The department shall submit the plan with a feasible timeline for such a merger to the Governor and the Chairs of the House Appropriations and Senate Finance and Appropriations Committees by November 15, 2020.”

The 2020 Appropriations Act also includes a requirement for a report on the costs and benefits of combining the MLRs and underwriting gain provisions on the same timeline, which will be led by Finance (Item 313.E.7).

PROJECT CARDINAL TIMELINE

Nov 15, 2020
Report Due to
General Assembly

Implement
Project Cardinal
Plan

July 1, 2022
Merged Contract

CIVIL MONETARY PENALTY FUNDING

Nursing Facility Funding



- CMS has granted to the states the ability to approve requests that meet CMS parameters for use of CMP Reinvestment funds to reduce the risk of COVID-19 transmission during in- person visitation between residents and their loved ones.
- Tents, plexiglass and other clear dividers of up to \$3,000 per facility can be authorized by DMAS (application deadline 11/13/20).

RETAINER PAYMENTS

- DMAS/MCOs provided retainer payments for Adult Day Health Centers (ADHC)
- DMAS provided Developmental Disabilities waiver (DDW) day service providers retainer payments
- Eligible providers can claim reimbursement for dates between March 13, 2020 – July 31, 2020

To Date:

- ADHC providers billed retainer payments in the amount of \$3,049,475
- DDW day service providers billed retainer payments in the amount of \$25,864,260

PERSONAL PROTECTIVE EQUIPMENT

- In July and August DMAS distributed a one time supply of 120,000 cloth masks by mail to Medicaid members who receive consumer-directed services
- As of October, Employers of Record can order monthly supplies of disposable masks, hand sanitizer and gloves at no cost through an online system developed with CARES Act funding (supply availability may vary)
- DMAS is working with the Virginia Industries for the Blind (VIB) and a private company to supply over 18,000,000 nitrile gloves, 5,500,000 disposable masks, and hand sanitizer to Employers of Record.



DSNP CY 2021 CHANGES: FIDE SNP

- Fully Integrated Dual Eligible Special Needs Plans (FIDE SNPs) are a type of DSNP that are designed to promote integration and coordination of Medicare and Medicaid benefits for dual eligible beneficiaries by a single health plan
- Due to timing of the budget approval, COVID-19 and the CMS filing process, DMAS allowed an exception for CY 2021
- Of the six health plans, two will offer FIDEs while the other four are targeting CY 2022
- Requested budget approval for FIDE SNPs and exclusively aligned enrollment - was approved for FIDE but not exclusively aligned enrollment

NEXT STEPS



Questions from committee members?



COVID-19 Support Summary

Virginia outreach accomplishments in the area of SDOH

October 2020

United
Healthcare®

COVID-19 Response

Donated and Distributed:

- Over **\$33,000** to support food banks, shelters, clinics and resource centers.
- More than **8,000 masks** to senior nursing homes and adult daycares, community service boards, free clinics, FQHC clinics, schools and Tidewater local homeless shelters.
- **Meal kits to more than 100** of our neediest DSNP members.
- **Food, funding and school supplies** for local schools in Roanoke, Central and Tidewater.
- **4,000 hand sanitizers** to community-based organizations, providers and local schools.
- **Blankets** to homeless shelters and senior agencies in every region of the state.
- **Food, funding, volunteer support and healthcare education** for community foodbanks, churches, Boys & Girls Clubs and local shelters as part of our Food Distribution Initiative.
- **Personal Protective Equipment (PPE), food, tents, and funding support** for local COVID testing sites in the Northern Virginia.



COVID-19 Response

Donated and Distributed:

- **Health education support** to free clinics in Roanoke and Northern Virginia.
- Employee volunteer efforts for **local school feeding programs** throughout the state.
- **Toiletries and household items** to senior centers, women's crisis centers and local homeless shelters in various regions across the state.
- **Crafts for senior centers** in Northern Virginia.
- **Lunches to front line staff** at various provider offices in every region of the state as part of our Food Distribution Initiative.
- A **Negative Air Filtration System** for Southwest Virginia Community Health Systems to be used with isolation room patients who test positive for COVID-19.
- **PPE** to Virginia Association of Free and Charitable Clinics for COVID-19 testing sites.



Questions from committee members?



MEDICAID FINANCES

Presentation to:

Medicaid Managed Care Advisory Group

October 20, 2020

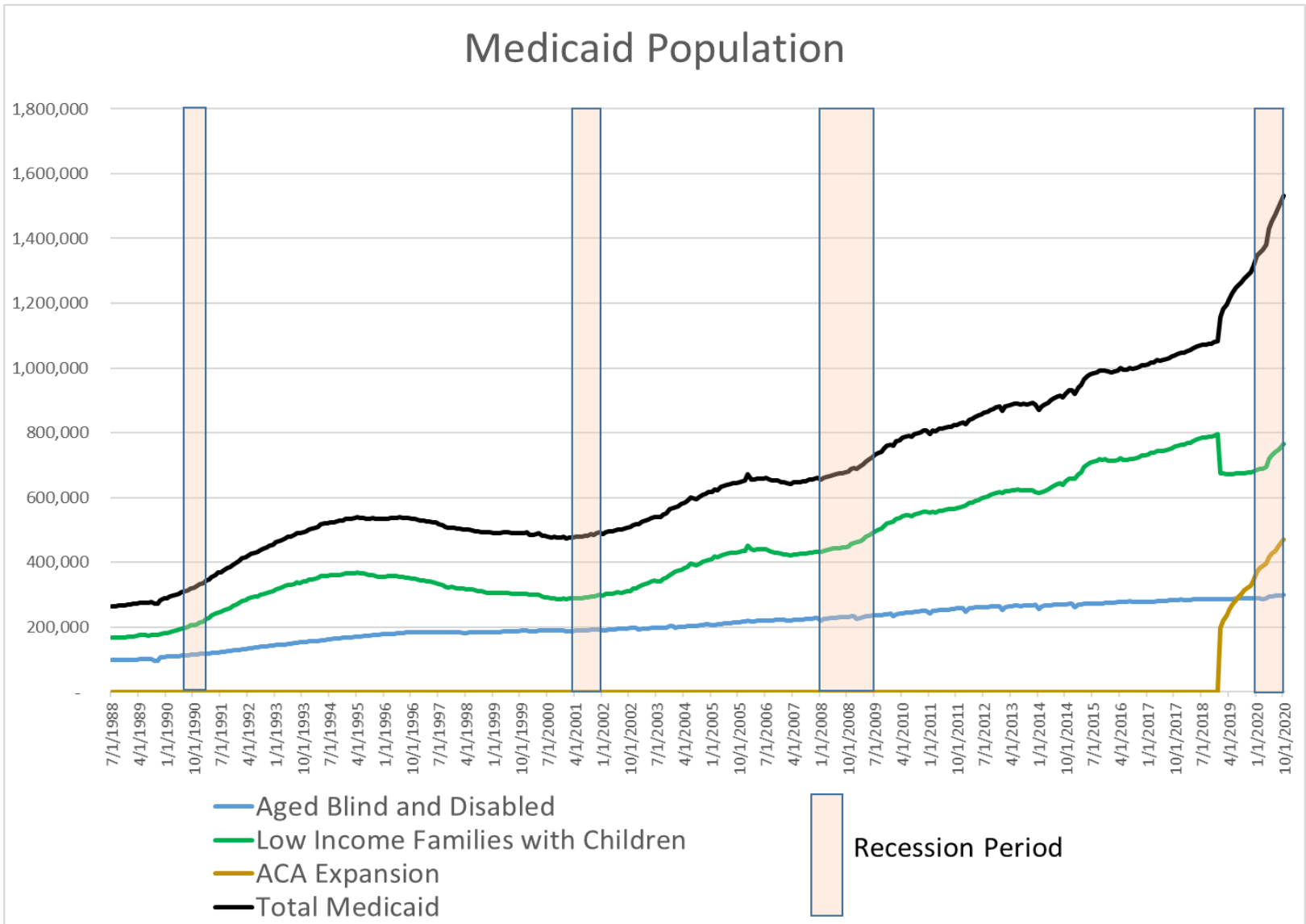


2020 GA Special Session I: Conference Report

Quick Takeaways:

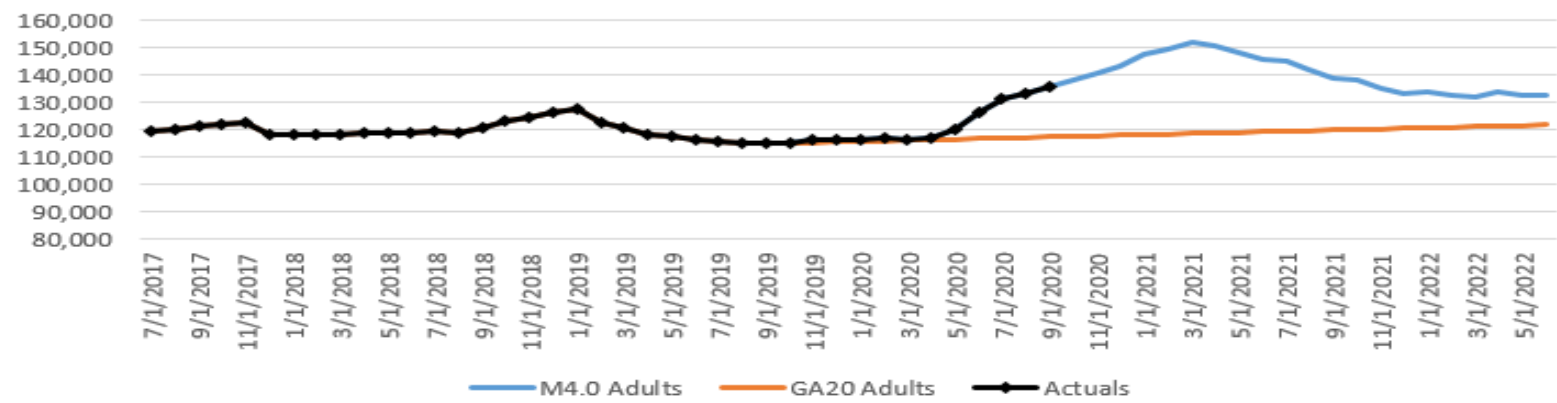
- Funding \$20/day/member for NFs for entire FY21
- Restore \$300K for Rate Setting Analysis
- Restore \$1.35M for GME in FY21
- FY21 CARES Act:
 - \$60M for hospitals
 - \$72M for PCAs
 - \$25M for retainer payments
- FY22:
 - Increase mental health provider rates (110% of Medicare)
 - 40 Quarters (effective April 1, 2021)
 - Adult Dental
 - OT for PCAs funded for 16 hours per week (effective January 1, 2021)
 - FAMIS MOMS (effective April 1, 2021)
 - MCOs reimburse DME at 90% of Medicaid fee schedule
 - Private duty nurses to 80% of benchmark
 - Anesthesiologists to 70% of benchmark
 - Restore GME to \$2.6M in FY22 (26 slots)
 - Restores BH Redesign
 - Restores Group Home, Residential, and Group Day Support (effective January 1, 2021)
 - Restores DD Waiver Rates for Community Integration Services
 - Restores PRTF funding

Medicaid Population Growth: 1988 to now

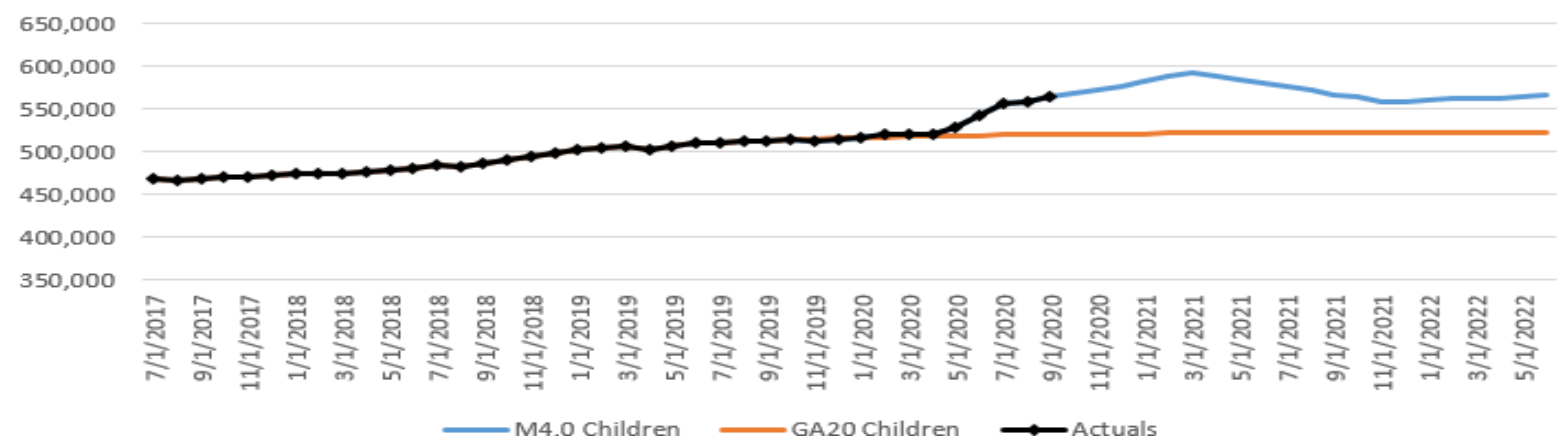


Enrollment

M4.0 Adults



M4.0 Children



Proposed Managed Care Rate Changes

Mercer letter to GA letter issued October 1 (2020 Appropriation Act, Item 317(A)(1)(f))

Base Medicaid

Dollars in Millions

	FY 2022	FY 2022	FY 2023	FY 2023
Medallion 4.0 Weighted Average	4.8%	\$115.6	3.4%	\$214.6
CCC+ Weighted Average	5.5%	\$266.4	4.7%	\$537.9

Medicaid Expansion

	FY 2022*	FY 2023*
Medallion 4.0 Weighted Average	5.3%	3.7%
CCC+ Weighted Average	7.1%	6.0%

* Rate forecast based on CY2018 financial experience

COVID19 Provider Payment & Reimbursement

Long-term Services and Supports:

A. Nursing facilities (NF):

1. Payment: \$20/member/day, Medicaid *only*, no criteria
 - March 12—June 30, 2020: funded by MCO underwriting gain
 - July 1—end of EO 51: funded with standard FFP via FFS & capitation
2. Reimbursement: COVID19 expenses, *all* NFs, allowable expenses
 - July 1—October 31, 2020
 1. Medicaid: \$7/member/day + \$250/month + \$80/member (outbreak)
 2. Non-Medicaid: \$27/member/day + \$250/month + \$80/member (outbreak)
 - 100% CARES Act funds

B. Assisted Living facilities (ALF): *all*, allowable expenses

1. Reimbursement: \$4K/facility/month for COVID19 expenses
 - July 1—October 31, 2020
 - 100% CARES Act funds

COVID19 Provider Payments

Other Medicaid Providers

A. Primary Care Providers:

- Payment: 29% increase in Medallion 4.0 (M4) program
- March 1—June 30, 2020
- Funded by MCO underwriting gain in M4

A. Adult Day Health Care:

- Payment: retainer, 65% of full rate in CCC+ program
- March 12—June 30, 2020
- Funded:
 - FFS: unspent FY20 Medicaid funding
 - MCO: underwriting gain in CCC+

A. Day Support for DD Waiver:

- Payment: retainer, 65% of full rate in CCC+ program
- March 12—June 30, 2020
- Funded: unspent FY20 Medicaid funding

Questions from committee members?

MEDICAID TELEHEALTH POLICY DURING COVID-19

October 20, 2020

CHETHAN BACHIREDDY, MD, MSC

**CHIEF MEDICAL OFFICER
DEPARTMENT OF MEDICAL
ASSISTANCE SERVICES**

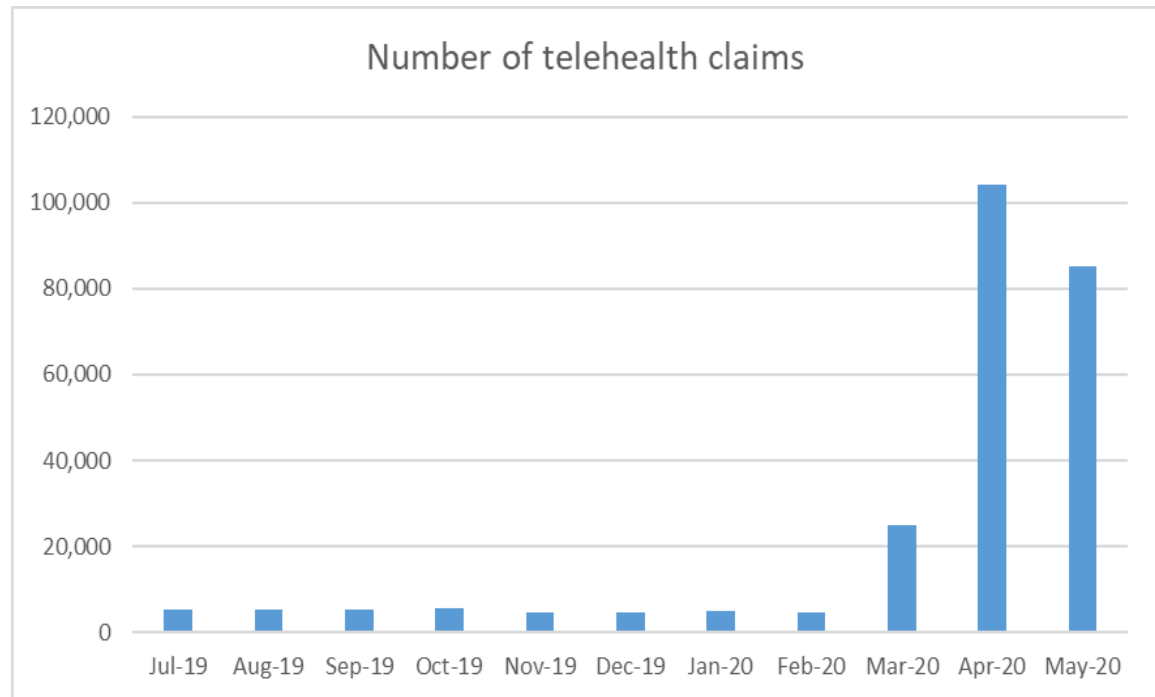


DMAS Telehealth Policy During COVID-19

- ❑ Home as an originating site
- ❑ Use of audio in addition to audio-visual modalities for Medicaid-covered services
- ❑ Payment parity with in-person visits
- ❑ Provider-provider consultation including eConsults
- ❑ Remote Patient Monitoring for suspected or confirmed COVID-19

Telemedicine Has Increased 20x During COVID-19

Over **2,000** providers have delivered telemedicine to over **98,000** Medicaid members for a wide range of conditions. **9 of the top 10** conditions are related to behavioral health. Compared to other groups, **rural-dwelling** and **African-American** members have experienced rapid uptake of telemedicine.



Lessons Learned

- ❑ Telehealth can be rapidly scaled.
- ❑ Providers, patients and payers have new understanding of telehealth's possibilities and limitations.
- ❑ Providers are anxious about whether telehealth authorities will be made permanent.
- ❑ Patients do not always have reliable access to broadband.
- ❑ Providers, patients and payers will need to collaborate and learn together to improve telehealth delivery. This will take time and humility.

Looking Forward

- ❑ Telehealth bills awaiting Governor's action by October 21 (HB 5046, SB 5080)
 - Remove restrictions on originating site
 - Extend flexibilities granted under COVID-19 until July, 2021
- ❑ DMAS is working with stakeholders to develop longer-term telehealth policy.
 - Will require balancing equitable access to services, providers' willingness to offer services delivered via telehealth and in-person, maintaining quality, containing costs, and program integrity.

Questions from committee members?

DMAS did not receive public comment in writing in advance of the meeting.

Questions from the public or committee members



Resources

Topic	Email box
Commonwealth Coordinated Care Plus	cccplus@dmass.virginia.gov
Medallion 4.0	M4.0Inquiry@dmass.virginia.gov

Thank you for your participation!